

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/ 599184

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		2				
3						
4	1					
5		1				
6		2				
7		2				
8		0				
9		0				
10		0				
11		0				
12		0				
13		0				
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15		0				
16		0				
17		0				
18		0				
19		0				
20		0				
21		0				
22		0				
23	1					
24		1				
25		1				
26		1				
27		1				
28		0				
29		0				
30		0				
31		0				
32		1				
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35		1				
36		1				
37		1				
38		1				
39						
40		0				
41						
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46						
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48						
49						
50						
TOTAL IND.	3	↓		↓		↓
TOTAL DEP.	44	←		←		←
TOTAL CLAIMS	47					

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						